

Missouri Department of Health and Senior Services
Onsite Wastewater Treatment System Construction Permit Application

Instructions and Check Off List

Please type or print all information clearly. Provide all requested information accurately and completely. Incomplete applications will be returned for completion before a permit will be issued. As you complete the section, check the appropriate box. When all boxes are checked, the application is ready to return to the Health Department.

Provide the following information completely and accurately:

- ☐ 1. Property Owner: The name of the owner of the property as stated on the current deed, as recorded with the County Recorder.
- ☐ 2. Site Address: The address of the actual construction site of the system, including county. Complete the legal description (1/4 of 1/4 section, section, township, range), subdivision name and lot number, Latitude and Longitude, and the County Parcel Identification Number when known. Ask the County Assessor or check your real estate tax bill for this information.
- ☐ 3. Mailing address: The address that correspondence, permits, and other communications may be sent to. Include a daytime and an evening telephone number for the owner of the property.
- ☐ 4. System Is: Check the appropriate box to show the system is new construction (no system existed prior to this construction), system replacement (construction to replace present system), or system repair of an existing system (major repair of present system).
- ☐ 5. System Serves: Check residence or business, whichever is applicable. If a residence is attached to a business, check business but include residence in the system design. Provide the requested information below the appropriate box.
- ☐ 6. Water Supply: Check the appropriate box for your drinking water supply. City water, public water supply district, or a community system that meets Missouri Department of Natural Resources definitions of community public systems or non-community public systems are "Public"; provide the name of the supply. For "Private" supplies, give the type of supply. Locate the supply (well), neighboring supplies (wells) and water lines on the site layout.
- ☐ 7. Lot: Provide the lot size in acres or square feet. Give the percent slope and indicate on the Site Layout the direction of slope, and show a cross section of the slope and proposed system on the Slope Diagram.

Obtain soil data at the site, either a percolation test or soil morphology evaluation. Percolation tests must be performed by a certified percolation tester, or soil morphology evaluations must be performed by an onsite soil morphology evaluator, meeting the requirements in 19 CSR 20-3.080.

☐ 8. **Soil Information:** Check the appropriate box for percolation test or soil morphology, whichever is used. Indicate the slowest percolation rate as determined by the percolation test or indicate the proposed loading rate based on a soil morphology. Include a copy of the soil morphology evaluator's report or the percolation test forms with the application.

☐ 9. **Name of Percolation Tester or Morphology Evaluator:** Provide the name, address, telephone number, and identification number of the person providing the soil data.

☐ 10. **Proposed System:** Provide brief basic information about the proposed system; choose A, B, and/or C depending on the type of system. Provide the information necessary for that system. A Registered Professional Engineer must design systems checked as "Alternative"; include all data, calculations, drawings, or other information used to determine the design. Also include the Professional Engineer's name, address, telephone number, and seal. Locate the proposed system on the Site Layout (item 13) and show all setback distances, property lines, easements, and any other information requested.

☐ 11. **Installer:** Provide the name, address, telephone number and identification number of the person (not a firm) doing the system construction. Indicate if the installer is registered (y) or not (n).

Form is signed and dated; be sure percolation tests, soil morphology, and/or engineer's reports are all signed by the people providing the reports.

☐ 12. **Signature of Owner or Agent:** The property owner or designated agent must sign the form to attest to the accuracy and completion of the information in the packet.

☐ 13. **Site Layout:** Provide a drawing of the proposed system. Include all requested information from the application and on the Site Layout section.

☐ **Make copies of the application, Site Layout, all test results, reports, and drawings for your records.**

☐ **When you have completed the forms and checked off all of the boxes on this instruction sheet, return the application to the appropriate Department of Health and Senior Services office or county health department. DO NOT SEND WITH PERMIT APPLICATION FEE!**

☐ **Complete the Onsite Wastewater Treatment System Construction Permit Application Fee form and submit it with your \$90.00 permit application fee to the Missouri Department of Health and Senior Services, Fee Receipts, P.O. Box 570, Jefferson City, MO 65102. Do not send cash. Make checks or money orders payable to the Missouri Department of Health and Senior Services.**